Indiana Election Commission (VC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type of print legibly IN BLACK link on information on the reverse this form. For assistance in completing this form, see instructions on the reverse

15 THIS AN AMENDMENT? Yes No

(CFA-4)	
Summary Sheet	•

	*	FILEN	UMBL	ĸ		
intAL	PAGE	3 IN C	HTHE	CFA 4	REP	ORT
10						

1 Like Litteran			
COMMITTELINEOR	MATION		-a3
The Committee To Elect Tom Schneider Mayor Of Lawrence	3, Committee to	Hobbana umphy	
Actority in or subbrovi sted name, if sarry	(317	1 377-3411	
To contract is constract.	ोट के होते हैं कि का ग	v address	
A. Maderg address (address where an campaign linance contesponderon is received)			
9120 Ctis Avenue, Suite 103		en (l'epotentie)	
S. City, stude, ZIP code	Republican		Ze. 4 2 1 .
Lawrence, Indiana 46218 CANDIDATE INFORMATION (For Can	didate's Commi	Hees Only) W	
	2 Lattà Strassa	Mil Call a Section of the	
7. Full name of condidate (include any nichmante)	Republican	<u> </u>	
Titutinas D. (Tom) Schnolder 9. Office sought (include disent number, if any, Not required for exploratory committee.)	10. County of	ngsjiden09	
3. Office south (include openic nipripm; a my	Marion	- Children	ON CANDIDATES ONLY
Mayor Of Lawronce		Check cont	DIV GARLESIA
		1	dec
11, Chock one: Tra-Printery Pre-Election X Annual Trad / Disbends Committee (Ents 18, 19,	and 20 must be "0"	Pro-Conve	
Outpoing Treasure (within 10 days amond Statement of Organization)		COLUMN 4	COLUMN B
		This Section	Year to Date
Through: December 31, 200	12	12,513.72	
Gash on hend and investments at the peginning of this reporting period.		2,513.72	2,513.72
14 Cash on hand and sivestments January 1, curront year.			to the second
CONTRACTOR AND RECEIVED			
(Note: these amounts include in-kind contributions and loans, as well as cash oc	NGDUNCKE)	0.00	0.00
15s. Itemized (use Schedule A)		0.00	0.00
42h Hohrmized	JATOTBU2	0.00	0.00
1	TOTAL_	2,613.72	2.613.72
15c. Add lines 10s, and 15c in Column A and lines 14 and 15c in Column B			reger and a second
			1,200.00
(Note: These amounts include in-kind expenditures and loan repayments.)		1,200.00	36.00
17s. Remized (use Schedule 8) (Public Quasiant use Schedule C)		36.00	1,235.00
17b. Unisymbad	SUBTOTAL	1,236 00	
·	-	4 0 27 70	1,377.72
17c. Add lines 17a and 17b in Both Columns 18. Cash on hand and investments at cross of this reporting period (authors 17c from 16 in both	il Continue)	0.00	
14. Dobts O NED By the committee (use Schedule D)		0.00	
19, USUS OTICO OT THE SOUTH CAS RAbadide \$1		0.44	
20 Docts OWED TO the Complines (see Schedule 5)			

	CEPTIFICATION	EDGE AND BOLLEFIT IS
I CERTIFY THAT I HAVE EXAMINED THIS STATEM TRUE, CORRECT AND COMPLETE.	ITA	Dave
Storetyle of Transier / 67	Trosumer	1/15/03
Signeture (Capolidate (vi applicable)		Dens 1/15/€3
Thomas Line		commorrial purooso.

WARNING: Any information contained in this report may not be copied for asia or used for any commercial purpose, (i.e. 3 = 4-5). A person who knowingly files a traudulent report commits a Class C Felony. (i.e. 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Milodomeanor (i.e. 3-14-1-14) and may be subject to civil penalties (i.e. 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY

COSTANT STANTED

LEAD AND STAN



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

NSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY NONIDUALS ON THES SCHEDULE. Please type or print legibly NBLACK NK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse of the NK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse of the NK all informations from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER
4	of 1
Page 1	0r

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MATURG ABORESS	TYPE OF CONTRIBUTION OR OTHER RECSIFT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-CATE	DATE RECEIVED RECEIVED BY
istreet, number, city, state, ZIF pade. None	Contributions: Direct tn-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
ontributor's Occupation (f required)			 	
	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
omtributor's Occupation (f required)	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
Contributor's Occupation (I required)		 		
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Utoan Misc (specify)			
Contributor's Occupation (if required)	Contributions:			
5.	Direct In-Kind (describe)			
	Other Recepts: Interest Loan Misc (specify)			
Contributor's Occupation (if required)		\$ 0.00		
SUBT	OTAL THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHE (Enter total on ITEM 15a of the S	DULE A ON THE LAST FACE OFF	<u>s</u>		



State Form 4606 (R3 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or pirit legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page 1	of _1

	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY	
(street. number. city. state, ZIP code) 1. None	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest □ Loan Misc (specify)	, ,	-		
2.	Contributions: Direct In-Kind (describe)				
·	Other Receipts: Interest □Loan Misc (specify)			,	
3.	Contributions: Direct In-Kind (describe)			-	
	Other Receipts: Interest Loan Misc (specify)				
4.	Contributions: Direct In-Kind (describe)		·		
·	Other Receipts:				
5.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Visc (specify)				
SUR TOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00			
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary	ON THE LAST PAGE UNLY	s			



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

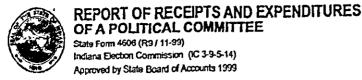
(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK NK at information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
Page 1	of <u>1</u>			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street. number. city, state. ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. None	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)		·	,
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
3.	Contributions: Direct In-Kind (describe)			,
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)	,		
SUR TOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM 15a of the Summary	ON THE LAST PAGE ONLY	\$		
(Enter total on ITEM 15a of the Summary	<i>5.1.</i> (31)			



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legitly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, roturns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER
Page 1	of _1

CONTRIBUTORIS FULL NAME AND FULL MAILING ADDRÉSS (strict number, city, state, ZiF code)	TYPE OF CONTRIBUTION OF OTHER RECEIF*	ODLUMN A AMOUNT THIS PERIOD	COLUMN 8 CUMULATIVE YEAR-TO-BATE	DATE RECEIVED BY
^{1.} None	Contributions: Direct In-Kind (describe)			
	Other Recoipts:	-		
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Lcan Misc (specify)		,	
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
4.	Contributions: Direct In-Kind (describs)			
•	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
	OC CONTRACT A	\$ 0.00		
SUB TOTAL T TOTAL OF ALL PAGES OF SCHEDULE A	HIS PAGE OF SCHEDULE A ON THE LAST PAGE ONLY			
TOTAL OF ALL PAGES OF SCHEDULE A	Sheef)	s 0.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

F	ILE NUMBER	
Page 1	of _1	

(street. number. city. state, ZIP code) None	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify) Contributions: Direct Interest Loan Misc (specify) Other Receipts: Interest Loan Misc (specify)			
	Interest Loan Misc (specify) Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify) Contributions:			
	Other Receipts: Interest Loan Misc (specify) Contributions:			
	Interest Loan Misc (specify) Contributions:			
	Direct			
	Other Receipts: Interest Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc (specify)			
·	Contributions: Direct In-Kind (describe)		•	
	Other Receipts: Interest Loan Misc (specify)			
SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE		\$ 0.00		



Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

State Form 4608 (R9 / 11-99)

(ערא-4 סטחבטטעב ם) Itemized Expenditures

	FILE NUMBER
Page 1	of _1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in competing in schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITE. 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200 if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to politic committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committee MUST be itemized on this schedule.	ਹ 0, al
MUST DE REMIZEU OU DIS SCHOOLO.	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
code C C	Candidates Committee	Direct	1,200.00	1,200.00	3/7/02
9120 Otis Avenue, Suite 103 Indianapolis, IN 46216	Sheriff of Marion County	Purpose: Contribution			
ode		Direct			
code		Direct			
Code		Direct			
Code		Direct			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUB TOTAL	THIS PAGE OF SCHEDULE B	\$ 1,200.00		
TOTAL OF	ALL PAGES OF SCHEDULE	B ON THE LAST PAGE ONLY y Sheef)	\$ 1,200.00		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For	Public	Questions
-----	---------------	-----------

FILE NUMBER			
Page 1	of 1		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
INSTRUCTIONS: Please type or printinguly in BLACK time arrivation or transfers out regardless of amount paid
schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.
to political committees supporting or opposing a public question, most be restricted

PUBLIC QUESTION INFORMATION							
Enter Text of Public Question		-	,				
ype of Question: Statewide Local Position: Supported Opposed							
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE		
None	□Direct						
	□ln-Kind				<u></u>		
	Direct						
	□In-Kind						
	Direct				,		
	☐ In-Kind						
	Direct			,			
	□In-Kind						
	☐ Direct	,					
	☐ In-Kind						
	Direct		·				
	☐In-Kind						
		SUB TOTAL THIS PAGE OF SCHEDULE C	\$ 0.00				
TOTAL OF	ALL PAGES OF on ITEM 17a o	SCHEDULE C ON THE LAST PAGE ONLY if the Summary Sheet)	\$ 0.00				

State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

Debts Owed by This Committee

FI	LE NUMBER
Page 1	of

and a second of the motion on this form. For assistance in contracting the
INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing the INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in Completing Instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, owed for or to lending institutions, individuals, and in the control of the control
NSTRUCTIONS: Please type of principal in the angle regardless of the amount, Office of
the data are instructions on the reverse side. List all debts and loads, regarded and individuals.
schedule, see instructions on the reverse side. List all debts and loans, regardless of institutions, individuals, committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, committee during the reporting period. List each vendor paid by credit card issued in the
committee during the reporting period. Include all amounts owed for or to letting in the committee during the reporting period. Include all amounts owed for or to letting in the credit card accounts, etc. List each vendor paid by credit card issued in the credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the credit purchases, committee credit card accounts, etc.
continued during the continued accounts atc. List each vendor paid by Creak during
credit purchases, committee credit card accounts, etc. List each vendor paid by credit an individual makes name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes
Gedit purchases, Exigo DSEP'S column. A lender's OCCUPAUDI IS required ii an instru
name of the committee in the ENDONSENS Colonial
name of the committee in the ENDOWNER. Otherwise, this is optional.

THE PERSON NAME	ENDORSER'S OR VENDOR'S	AMOUNT	DATE DEBT INCURRED	PAID	OUTSTANDING BALANCE THIS
CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (f any) (street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PERIOD
one					
onio .					
IDERS OCCUPATION:					I
			1		
VOERS OCCUPATION:					
	·				
			-		
NOERS OCCUPATION:		<u> </u>	<u>. </u>		
			1		
			_		
				_	
ENDERS OCCUPATION:					
	·				
ENDERS OCCUPATION:					
			7		
ENDERS OCCUPATION:					
					
				ļ	
LENDERS OCCUPATION:		SUB TOT	AL THIS PAGE	OF SCHEDULE D	\$ 0.00
	TOTAL OF	ALL PAGES OF SCHEDU on ITEM 19 of the Summ	LED ON THE L	ASI PAGE UNLI	\$ 0.00



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER

Page 1 of 1

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS: 1 ary.	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD
(street. number, city. state, ZIP code)	street number objetate ZiF code:	NATURE OF DEBT		YEAR-TO-DATE	· FERIOU
None					
	,				
			<u></u>		
				,	
·					
				1	
			1		
	<u> </u>			 	<u> </u>
,			-		
SUB TOTAL THIS PAGE OF SCHEDULE E					\$ 0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY					\$ 0.00
(Enter total on ITEM 20 of the Summary Sheet)					